

***Please note: This form must be faxed to State Personnel Benefits Division in the same week that the benefits are entered into PeopleSoft. Fax # 317-232-3011**

State of Indiana

Non-Tobacco Use Agreement and Request for Premium Reduction
For Plan Year 2015

In exchange for a \$35.00 reduction in my state employee group health insurance bi-weekly premium:

1. I agree to abstain from the use of any tobacco products during 2015.
2. I understand that in order to receive the reduction in premium, I may be subject to testing for nicotine, and I agree to submit to such testing;

3. I understand if I accept this agreement and later use tobacco, my employment will be terminated.

4. The only exception to the job loss penalty is if I revoke this agreement by logging into PeopleSoft and completing the self-service process to revoke my agreement prior to use of any tobacco product.

☐ I accept

☐ I decline

Print Name

Agency Name

Signature

Date

Employee ID